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2020 AUG 28 AM 8: 41
SECRETARY OF STATE
TALLAHASSEE, FL

N CITY -

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: THE BEARS DEN V FS INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Artic	cles of Incorporation and a check for

☐ \$70.00 Filing Fee □ \$78.75

Filing Fee & Certificate of

Status

□\$78.75

\$87.50

Filing Fee

Filing Fee.

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROME

Name (Printed or typed)

Addres

Talahassee Fl 30311

200-8496

-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FL

<u>ARTICLE I</u>	NAME	
The name of the	e corporation shall be:	THE BEARS DEN VFS. INC
<u>ARTICLE II</u>	PRINCIPAL OFFICE	
Principe	al <u>street</u> address:	Mailing address, if different, is:
	her Croek Dr	
Crawfon	dville, Fl 32327	
<u>ARTICLE III</u>	<u>PURPOSE</u>	
The purpose for	which the corporation is organi	zed is: <u>To provide alternative therapy to</u>
<u>veterans ana fir</u>	st responders to combat PTSD a	t no cost.
	<u> </u>	
<u>ARTICLE IV</u>	MANNER OF ELECTION	
The manner in w <u>Roberts Rules o</u> j	which the directors are elected an Order, nominations from the flo	nd appointed: <u>Elections will be held as per</u> oor and elected by majority vote.
ARTICLE V	INITIAL OFFICERS AND	OR DIRECTORS
Name and Title:	Beau Davis, President/CEO of	the Corporation
Address:	191 Fisher Creek Dr	
	Crawfordville, FL 32327	

Name and Title: <u>Audie McKer</u>	nzie, Vice Pres/COO of the Corporation
Address: <u>28 Namon S</u>	ipears Rd
<u> Crawfordvill</u>	' <u>e, FL 32327</u>
Name and Title: <u>Amanda Jans</u>	sky. Secretary/Treas/Executive Secretary of the Corpora
Address: <u>1121 Carrin</u>	
<u>Tallahassee, I</u>	FL 32311
Name and Title: <u>Chip Evans, I</u>	Director at Large
Address: <u>5442 Thomas</u>	wille Rd. Ste 6 & 7
<u>Tallahassee,</u> F	F1. 32312
Name and Title: <u>Mikayla Blue.</u>	. Director at Large
Address: 2322 Quazar	<u>Cir</u>
<u> Tallahassee, j</u>	FL 32311
Name and Title: <u>Keeli Stacy. E</u>	Director at Large
Address: <u>3879 Dabhs E</u>	Bridge Rd
Acworeh, GA :	30101
Name and Title: <u>CJ Curry, Dir</u>	vector at Large
Address: 721 Ingleside	
Tallahassee, F	

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ARTICLE VI DISSOLUTION

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE VII	REGISTERED AGENT
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The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: <u>Amanda Jansky</u>
Address: <u>1121 Carrin Drive</u>
<u>Tallahassee, FL 32311</u>

ARTICLE VIII INCORPORATOR
The name and address of the Incorporator is:

Name: <u>Amonda Jansky</u>
Address: <u>1121 Carrin Drive</u>
<u>Tallahassee</u>, FL 32311

ARTICLE X EFFECTIVE DATE

Effective date, if other than the date of filing: <u>27 August 2020</u> (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of the State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Required Signature of Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of the State constitutes a third-degree felony as provided for in s.817.155, F.S.

Required Signature of Registered Agant

Date

SECRETARY OF STATE